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ABSTRACT

Child protective agencies investigated nearly 2 million reports of alleged abuse or neglect in 1995. Of the cases investigated, 52% suffered from neglect; 25% endured physical abuse; 13% experienced sexual abuse; and 22% experienced numerous forms of abuse. More than half of the confirmed cases were with children 7 years of age or younger, and 52% were boys. These facts place the abused child within the school environment at the time of their distress. School psychologists are the optimum mental health professionals within the school setting to provide student services as well as consultative services for staff, parents, and community organizations. As child sex abuse (CSA) programs develop, sensitive issues will emerge that require a multi-disciplined approach to case management. The need for collaboration increases, especially since each case of abuse is unique and complex. Consultation models are discussed from a theoretical and practical framework, including the politically correct manner of proceeding with bureaucracy of the school system. (Contains 3 appendixes and 40 references.) (Author/JDM)

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Running Head: CONSULTATION SKILLS CSA

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Consultation Skills for School Psychologists Concerning Child Sex Abuse

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Paper presented at the National Association of School Psychologists 30th Annual Convention, April 14-18, 1998, Orlando, Florida

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Abstract

Child protective agencies investigated an estimated two million reports of alleged abuse or neglect in 1995, encompassing almost three million children. Of the abuse cases investigated, 52 percent suffered neglect, 25 percent endured physical abuse, and 13 percent experienced sexual abuse, and a 22 percent experienced numerous forms of. More than half of the confirmed abuse cases were seven years old or younger, 52 percent of the victims were boys and 47 percent were females (National Child Abuse and Neglect Statistical Fact Sheet, 1997). While professionals are quick to act on or report blatantly observable signs of physical abuse, a veil of silence cloaks the issue of child sexual abuse among professionals as well as laypersons.

Researchers report that the typical special needs student is five times as likely to be victimized by sexual abuse and that the average age of disclosure for sexual abuse is nine. Clearly these facts place the abused child within the school environment at the time of distress. The school psychologist is therefore, the optimum mental health professional within the school to provide student services as well as consultation services for staff, parents, and community organizations. As CSA programs are developed, initiated, and maintained, sensitive issues will emerge that require a multi-disciplined approach to case management. Therefore, the need for collaboration increases when dealing with CSA, particularly, because each case is complex and unique. Consultation models will be discussed from a theoretical and practical framework, including the politically correct manner of proceeding within the bureaucracy of the school system.

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Problem Background

Child protective agencies investigated an estimated two million reports of alleged abuse or neglect in 1995, encompassing almost three million children. Of the abuse cases investigated, 52 percent suffered neglect, 25 percent endured physical abuse, and 13 percent experienced sexual abuse, and a 22 percent experienced numerous forms of. More than half of the confirmed abuse cases were seven years old or younger, 52 percent of the victims were boys and 47 percent were females (National Child Abuse and Neglect Statistical Fact Sheet, 1997). While professionals are quick to act on or report blatantly observable signs of physical abuse, a veil of silence cloaks the issue of child sexual abuse among professionals as well as laypersons. Researchers report that the typical special needs student is five times as likely to be victimized by sexual abuse and that the average age of disclosure for sexual abuse is nine.

As early as 1969, federal laws mandated school personnel to report suspected instances of child abuse. However, staff development, program development, and treatment methods were hard to find and slow to develop. However, with the passage of the Child Abuse Prevention Act of 1974 (P.L. 93-257) funding sources designated for the development of child abuse prevention programs suddenly emerged. Commercially available materials surfaced and Child Sex Abuse CSA programs did emerge in some public schools. Throughout the late 70's and 80's many progressive school systems implemented these programs with much vivre and good intent. As information became available concerning the ramifications of sexual abuse and an historical perspective on CSA programs evolved, new concerns emerged (Indest, 1987; Jenkins, 1986; Mrazek, 1981; Tharinger, Krivacska, McDonough; Jamison, Vincent & Hedlund, 1988).

The concept of treading into family privacy issues was intimidating and foreboding to many educators and policy makers. Ethical and moral dilemmas arose concerning involvement in legal and family dynamics was reported among professionals (Batchelor, Dean, Gridley & Batchelor, 1989; Estroff, 1986; Schwartz & Schwanenflugel, 1989; Vevier & Tharinger, 1986). Complex ethical and moral dilemmas surrounding each case of CSA further restricted involvement in the issue. At the same time, however, current statistics note that one of out three males and one out of four males will experience sexual abuse before adulthood and school personnel report increased incidents of school based difficulties that emerge for the abused student. Behavioral and academic concerns include decreased grades, increased complaints of physical problems, sexualized behaviors in the school setting, and any number of emotional problems ranging from alienation and withdrawal to aggressive attacks on others (Tharinger, Russian, & Robinson, 1989). For the adolescent, the problems may become increasingly severe, including destructive behaviors such as severe depression, reckless behaviors, running away, self-mutilation, and suicidal ideation or attempts. Yet, few staff members feel qualified to service issues as sensitive as sexual abuse. Yet frequently, staff members look to the school psychologist for consultation on management issues in the classroom.

Licensing and certification boards for psychologists acknowledge the increased incidence rate of CSA and many states currently require continuing education credits for license renewal concerning sexual abuse and, the often associated problem of domestic violence. But it is not enough. More formal training programs must be made available to professionals concerning CSA. At one level, initiatives to increase CSA service availability have been proposed, yet at another level, budget constraints and increased workloads make individualized CSA service provision prohibitive, if not outright impossible. To address the growing need for services, professionals purpose a more feasible use of the school psychologist's time which might service more students, such as collaboration with other agencies and consultation to staff members concerning behavioral interventions. Many researchers advocate that the school psychologist is in the best position to act as catalyst for CSA prevention and intervention programs which utilize collaborative efforts among community agencies (Batchelor et al., 1989; Tharinger et al,. 1989; Vevier & Tharinger, 1988).

The purpose of this article is to provide an overview of the various issues involved during consultation, particularly when the subject matter is a highly sensitive issues such as CSA. Due to the wide range of issues that may accompany each incident of CSA, a flexible approach to consulting with interested parties should be available. A brief discussion on six consultation models will be presented first, then a summary of specific issues relevant to CSA will be addressed, including issues relevant to the 21st century. And finally, an extensive resource list of agencies, vendors, and books that apply to children and adolescents will be provided.

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Consultation Models

At the turn of the century, the medical profession held the highest reverence in terms of consulting. It would not be unusual to find a medical doctor consulting to schools on their educational program, to families about counseling issues, and certainly to community agencies on any issues regarding public interest. If issues arose within a family, perhaps, they would consult with neighbors, extended family, or the clergy. Little professional or specialized help was available so consulting, if any was sought, was mostly done on an informal basis. However, following World War II and the onset of the age of specialization, complex professional standards, methods, and licensing regulations, shaped the manner of consultation services.

Clients now demand in-depth information and highly specialized experts to present accurate, state of the art materials, in a professionally prepared manner. Increasingly complex legislative regulations govern procedural and factual delivery of programs more than ever before. However, increased student caseloads coupled with major budget constraints compelled administrators to reevaluate school psychology service delivery. Consultation was viewed as a method of providing increased services to students. Rather than each school psychologist serving one individual student at a time, services could be maximized if consultations with staff member could be offered for behavioral interventions and so on. For the most part, consultation is viewed as a pyramidal approach to service delivery. The consultant, in this case the school psychologist, can consult with several school personnel on behalf of student problems, which in turn allows the staff member to intervene with more students. Thereby the number of students receiving direct or indirect specialist services is maximized.

Gallessich (1990) proposes six conceptual consultation models consisting of a: (a) Clinical, (b) Education & Training, (c) Mental Health, (d) Behavioral, (e) Organizational, and (f) Program Evaluation Model (For in depth coverage of each model the reader is referred to Gallessich, 1990). While certain underlying concepts and procedures are consistent across the models, each model differs in perspective of focus and goals.

Regardless of the consultation model used, basic processes exist that are common to all consultation efforts such as needs assessment, data collection, designing an agenda, implementing the consultation, and anticipation of adverse events, if any, that might interfere with the effectiveness of the consultation. Dynamics that might impact the consultation include issues of power, resistance, confidentiality, standards, legal implications, and numerous ethical and moral dilemmas (Block, 1981). Attention to procedural details is essential, particularly when consulting about CSA, an emotionally laden topic that often provokes mixed feelings and reactions from audiences, in addition being accountable for appropriately addressing the complex dynamics of CSA, in and of itself. It therefore behooves the school psychologist who is charged with developing a CSA programs for staff or parents, to review potential program needs and engage other stakeholders in the design and development of the format and materials chosen for presentation (Kleemier, Webb, Hazzard, & Pohl, 1988; Krivacska, 1988).

Levels of Consulting

Individual Cases

For the most part, when consulting to staff about a suspected case of CSA, the clinical, mental health or the behavioral model may be applied. While many school districts across the United States have a written policy for handling child abuse reporting, few school districts actually hold in-service programs for identification and reporting of suspected abuse. When consulting to staff, a multi-disciplined team can be designated to collaboratively observe and document symptoms as well as make the report to authorities. For example, if physiological symptoms are presented, such as inappropriate sexualized behaviors, genital odors and/or movements, or inappropriate sexual touching of another student, a consultation with the school nurse may be warranted. Similarly, if symptoms such as acting out or withdrawn and regressive behaviors occur--the classroom teacher, guidance counselor, or school social worker can provide collaboration concerning the observed behaviors (Tharinger, Russian & Robinson, 1989; Wilson & Shores, 1983).

The observer should record the date, time of day, adults and students present, classroom activity at the time of the incident, and a verbatim account of any verbalizations that are relevant to the incident. Documentation of

the number of symptoms, intensity of symptoms, and the frequency with which they occur, will provide objective data for protective services when a mandated report is made which can expedite the handling of the case. Similarly, a student's verbalization or disclosure of abuse necessitates an immediate mandated report to the authorities. Perhaps it bears reminding, that it is not the school psychologist's responsibility to investigate the alleged abuse beyond reporting the symptoms or disclosure to the presiding child protective services (Hazzard & Rupp, 1983; Hitchcock & young, 1986).

Parent Education Programs

An educational model for consultation may be warranted to disseminate materials on CSA programs for parents. During the planning stages, perhaps meetings with PTA members can enlighten workshop planners on issues that need to be discussed. Due to the highly controversial content of sexual materials, the school psychologist should not single-handedly prepare for this type of event. Proposed materials, such as films, scripts, topic of discussion, should all be reviewed in a group effort with school personnel. In-depth examination of the materials should assess the appropriateness of it for the target audience. All stakeholders should be apprised of the workshop content, prior to presentation night. Particularly, due to the sensitive nature of the sexual abuse topics, caution should be made to assure that the materials are not distastefully provocative, blatant, or outright offensive to the audience. If the consultant is familiar with CSA issues and topics, a desensitization may occur whereby, he or she no longer experiences a sense of shock upon hearing sexually explicit words or naming sexual body parts. However, members of the audience may become offended, thereby nullifying positive effects of the training program as participants become 'turned off' to the subject content (see Appendix A,B, and C for resource materials).

Staff Development

If an in-service program is planned for staff, the consultation model may resemble the educational and training model for dissemination of information (Gallessich (1990). One of the first steps to planning an in-service training module is to make sure the content is relevant to the target audience. To accomplish this, it is recommended that a needs assessment is conducted prior to setting the program content. The main goal of this program is to disseminate materials related to the problem at hand. Topics might be suggested in the needs assessment survey with directions for participant's to rank order the level of interest in the topic, a second area on the survey should be provided for additional interest areas as well. Because of the minimal communication between staff members in a school, issues of concern may vary considerably across the staff (Baxter & Beer, 1990; Broadhurst, 1986; Byers, 1990; Conte & Berlinger, 1981). For instance, while one staff member might require information on how to refer a student who discloses abuse in the classroom, another staff member might want to gain an understanding of CSA resources for personal development.

Perhaps more importantly, a program planner must be cognizant of the fact that staff members themselves may have had a personal experience with sexual abuse and sensitive reactions may occur. Therefore, a list of resources specializing in CSA should be provided in the event that the staff member wishes to seek assistance. Staff members may also experience anxiety due to changing roles (Slater & Gallagher, 1989), uneasiness about discussing sexual topics with students (Tharinger, Krivacska, McDonough, Jamison, Vincent, & Hedlund, 1988), intra-personal conflicts with personal values and beliefs about CSA (Repucci & Herman, 1991), and reluctance to become involved in potential litigation (Schwartz & Schwanenflugel, 1989).

One benefit of working within a public school setting rather than private practice, is that a multi-disciplinary team is available to assist in planning a method of reporting an abuse incidence. Often, this multi-disciplinary team is entitled the, Crisis Team, Student Advocate Team, and so on. Professional support can provide reinforcement for the novice school psychologist when an abuse incident is reported, particularly for the new intern or novice school psychologist. Of course, considering all shades of gray, there will be times when the "Team" is not available at the time the abuse report must be made, as most states require that a suspected case of abuse be reported within 24 to 48 hours of the professional's awareness. In this case, the school district's written policy on reporting abuse should be adhered to, thus procedural errors can be minimized.

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An administrator of the school building should always be notified when a child abuse report is made to the local authorities. It is often the building administrator who will be confronted by a potentially angry parent if the abuse is denied or protested by the parent, therefore the staff member placing an abuse report should leave word with an administrative representative before leaving the site. If the school psychologist is a consultant to several schools, the same procedure should be followed for each school.

Community Resources

When collaborative efforts are made across community resources, several of the models proposed here may be effective. The organizational model would approach the process by working with all levels of staff throughout the agency(s). Whereas, the educational training model, complete with needs assessment, involves dissemination of information across agencies. Thus, the educational model may require a flexible CSA training curriculum in order to accommodate the participating agency's needs. Types of preliminary data collection that may enhance the presentation may include, statistical data on community programs, incidents of CSA, needs assessment results, and/or resource list of community services available for students and their families.

Resources and equipment between agencies could be shared in collaborative efforts. For instance, the school could allow an agency to hold a special meeting for parents at the school site, whereas, the same agency might hold training programs for school personnel demonstrating counseling and treatment techniques unique to CSA cases, such as the anatomical dolls or non leading interview techniques. Effective CSA programs emerge from collaborative efforts between police departments, counseling agencies, and medical facilities. Since each incidence of CSA is unique, a diversified team approach is often essential to effectively treat the child (Bross, Krugman, Lenherr, Rosenberg, & Schmidt, 1988; Gabarino, 1987; Hewitt, 1990; Sgroi, 1982; Shoop & Firestone, 1988; Schwartz & Schwannenflugel, 1989; Slater & Gallagher, 1989Sobsey, 1992; Sorenson & Snow, 1990).

Federal/State/Professional

Regardless of the school districts in service program offerings, it is the responsibility of each and every school psychologist to professionally prepare him or herself to deal with regulations pertaining to CSA. Professional standards and district guidelines under the auspices of Federal and State laws concerning child sex abuse should be adhered to. At the federal level, the Child Abuse Prevention Act of 1974 (P.L. 93-257), clearly defines the areas of responsibilities that a professional must follow, state statutes reiterate these requirements but may differ somewhat across states. Differences at the state level may involve the definition of sex abuse, age of the victim, and legal penalties for the perpetrator. Each school psychologist should be familiar with the statutory rulings within their respective state. Similarly, the Standards for the Provision of School Psychology Services (NASP, 1984), section 2.2.4, emphasizes that it is the school psychologist's responsibility to *determine needed changes in service delivery and to identify and communicate exemplary practices when framing service needs.*

Conclusion

Research suggests wide discrepancies between reported cases of CSA and service delivery within the schools. Although system-wide programs are noted by some school districts, the need for increased numbers of CSA programs appear evident. Many professionals advocate increased school involvement, particularly as the incident rate of CSA continues to outgrow existing school-initiated programs (Gilgun & Gordon, 1985; Melton & Corson, 1987; O'Day et al.,1983; Repucci & Herman, 1991).

While in-service training can be provided by educational and institutional agencies, school psychologists can, and should, take initiative to seek out and pursue professional development on the issue whenever possible. For if a CSA case is mishandled, the ultimate responsibility for maintaining professional standards lies with the direct service provider. CSA represents a single handicapping condition that is projected to impact 22% to 25% of school age children (Crewdson, 1988; NRCCSA, 1997), yet, CSA service delivery remains remiss in terms of availability of services for students. Given a continually increasing incident rate—it is highly probable that the school psychologist will be confronted with at least one CSA case during his or her professional career--let's be prepared.

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APPENDIX A

Resources and Associations

American Professional Society on the Abuse of Children
407 South Dearborn, Suite 1300
Chicago, Illinois 60605
(312) 554-0166

Family Violence Protection Fund
1888-792-2873

Family Violence & Sexual Assault Institute
1310 Clinic Drive
Tyler, TX 75701

National Children's Advocacy Center
2204 Whitesburg Dr., Suite 200
Huntsville, AL 35804

National Clearinghouse on Child Abuse and Neglect Information
PO Box 1182
Washington, DC 200112-1182

National Coalition of Domestic Violence
303-839-1852

National Directory of Child Sex Abuse Programs
Statewide 1800-422-4453

National Hotline

1800-799-SAFE
1800-799-7233

National Resource Center on Child Sexual Abuse
107 Lincoln Street
Huntsville, AL 35801

National Organization on Male Sexual Victimization
PO Box 40055
St. Paul, MN 55104
800-738-4181

National Society for the Prevention of Cruelty to Children (NSPCC)
http://www.nspcc.org.uk/

APPENDIX B

Supplies and Materials for Program Presentations

The National Men's Resource Center
PO Box 800-W
San Anselmo, CA 949790800

Recording Company:
Inner Child Productions
3300 Snow Road
Las Cruces, NM 88005
505-523-0337

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Po Box 60577
Florence, MA 01062
E-mail: smartnews@aol.com
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First Annual Ritual Abuse, Secretive Organizations and Mind Control Conference
Ramada Inn at Bradley International Airport, Hartford, Ct. July 18 and 19, 1998

Sex Information and Education Council
on the United States (SIECUS)
Publications Catalogue
130 West 42nd Street, Suite 2500
New York, NY 10036

Varied Directions International
69 Elm Street
Camden, Maine 04843
Fax: 207 236-4512

APPENDIX C

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